

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002004

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 71

FILED FEB 14 1963

## 1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Independence**

Length of stay in 1b  
**43 yrs.**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Independence Sanitarium**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY  
OR  
TOWN **Independence**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**1618 S. Pleasant**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

**Heman**

**Oval**

**Petre**

4. DATE  
OF  
DEATH

Month **February**

Day

Year

**9 1963**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**6-22-1898**

## 9. AGE (last birthday)

**64**

## 10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Standard Oil Co.**

10b. KIND OF BUSINESS OR INDUSTRY  
**Oil**

11. BIRTHPLACE (City and state or country)  
**Pollock, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**USA**

## 13a. FATHER'S NAME

**John F. Petre**

## 13b. MOTHER'S MAIDEN NAME

**Emma C. Wells**

## 14. NAME OF HUSBAND OR WIFE

**Pearl L. Petre**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)  
**No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT Address  
**Pearl Petre 1618 S. Pleasant Indep. Mo**

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

**terminal uremia + congestive heart failure**

INTERVAL BETWEEN ONSET AND DEATH  
**4 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

**in carpalized umbilical hernia**

### DUE TO (c)

**obesity**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **11/22/62** to **1/9/63** and last saw him alive on **2/8/63**  
Death occurred at **12:00 midnight** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Vance E. Lusk MD**

## 22b. ADDRESS

**Independence, Mo**

## 22c. DATE SIGNED

**2/9/63**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

## 23b. DATE

**2-11-1963**

## 23c. NAME OF CEMETERY OR CREMATORY

**Mound Grove**

## 23d. LOCATION (City, town, or county)

**Independence, Missouri**

## 24. FUNERAL DIRECTOR

ADDRESS

**Roland R. Speaks**

**Independence, Mo.**

## 25. DATE RECD. BY LOCAL REG.

**2-11-63**

## 26. REGISTRAR'S SIGNATURE

**Alba L. Craig**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

INSTEAD OF

DATE AMENDED

VS 300  
Rev. 4/59

**17605**

**27005**

**3**

**4 0**

**5 1**

**6**

**7 0**

**8 2**

**9287X**

**10**

**11**

**12 1-0**

**13 1-0**

APR 5 1963

FEB 20 1963

1002  
1002

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0-11-63

0-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Don D. Lendrup

Licensed Embalmer No. 5198

P. O. Address Step. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.